

MAR/18/2015/WED 3:47 PM

FAX No.

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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
DYNAMICS LOGISTICS INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 MAR 18 PM 1:11

ARTICLE I NAME
The name of the corporation shall be: **DYNAMICS LOGISTICS INC**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address

8339 NW 74 STREET
MIAMI, FL 33166

Mailing address, if different is:

8339 NW 74 STREET
MIAMI, FL 33166

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS**

ARTICLE IV SHARES 500 SHARES A PER VALUE \$ 1.00 PER SHARE
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JENNY ALEJANDRA LUQUE - PRESIDENT**

Address: **8339 NW 74 STREET**
MIAMI, FL 33166

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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15 MAR 18 PM 1:11 (cont.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JENNY ALEJANDRA LUQUE

Address: 8339 NW 74 STREET
MIAMI, FL 33166


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JENNY ALEJANDRA LUQUE

Address: 8339 NW 74 STREET
MIAMI, FL 33166

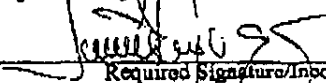
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

03/16/2015

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

03/16/2015

Date